

INFORMATIONAL MEMO

TITLE:	FISCAL YEAR 2021-2022 PROVIDER RATE ADJUSTMENTS		
SUPERSEDES NUMBER:	N/A		
EFFECTIVE DATE:	JUNE 8, 2021		
DIVISION AND OFFICE:	BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING		
PROGRAM AREA:	HEALTH FIRST COLORADO, HOME AND COMMUNITY BASED SERVICES		
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Purpose and Audience:

The purpose of this Informational Memo is to inform providers, members and stakeholder of an across-the-board increase for many Health First Colorado Medicaid services, as outlined below.

Information:

Health First Colorado (Colorado's Medicaid Program) Across-the-Board provider rate increases were approved during the 2021 legislative session and are effective for dates of service beginning July 1, 2021. All non-Home and Community-Based Services (non-HCBS) service rate adjustments are subject to Centers for Medicare & Medicaid Services (CMS) approval prior to implementation. The fee schedules located on the Provider Rates & Fee Schedule web page have been updated to reflect the approved 2.5% across-the-board (ATB) rate increases. Rates will be updated in the Colorado interChange once approval is received from CMS.

Services & Supplies Approved for Across-the-Board Increases:

- Physician and clinic services,
- Dental Services,
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services,
- Family planning services,
- Inpatient hospital services,
- Outpatient hospital services,
- Laboratory & x-ray services
- Durable medical equipment, supplies, and prosthetics,
- Non-physician practitioner services,
- Tobacco cessation counseling for pregnant women,
- Ambulatory surgery center services,
- Dialysis center services,
- Physical, occupational, and speech therapy, and audiology services,
- Screening, brief intervention, and referral to treatment (SBIRT) services,
- Rehabilitation/behavioral health services,
- Outpatient substance abuse services,
- Case management services for substance abuse treatment,
- Vision services,
- Extended services for pregnant women,
- Home and community-based services (HCBS),
- Private duty nursing,
- Acute and long-term home health,
- IDD targeted case management,

- Anesthesia services,
- Laboratory and pathology services, and
- Targeted Case Management-Transition Services.

The 2.5% across-the-board increase for HCBS waivers services does not require CMS approval. Claims with dates of service on or after July 1, 2021, will be reimbursed at an increased rate for providers for the following waivers:

- HCBS Brain Injury (BI)
- HCBS Children's Extensive Supports (CES)
- HCBS Children's Home and Community Based Service (CHCBS)
- HCBS Children with Life Limiting Illness (CLLI)
- HCBS Children's Residential Habilitation Program (CHRP)
- HCBS Community Mental Health Supports (CMHS)
- HCBS Developmental Disability (DD)
- HCBS Elderly, Blind and Disabled (EBD)
- HCBS Spinal Cord Injury (SCI)
- HCBS Supported Living Services (SLS)

In addition to service rate increases, there will also be increases to the Service Plan Authorization Limit (SPAL) on the Supported Living Services (SLS) waiver and the Overall Spending Limit on the Children's Extensive Supports (CES) and SLS waivers. Increases for these limits are in the tables below.

Service Plan Authorization Limit (SPAL)

Support Level	1/1/2021 SPAL	7/1/2021 SPAL
Level 1	\$ 15,426.05	\$ 15,811.70
Level 2	\$ 20,602.55	\$ 21,117.61
Level 3	\$ 23,167.76	\$ 23,746.95
Level 4	\$ 26,615.48	\$ 27,280.87
Level 5	\$ 32,068.58	\$ 32,870.29
Level 6	\$ 42,032.10	\$ 43,082.90
Overall	\$ 53,985.21	\$ 55,334.84

The SPAL amount shown in this table is the amount **not including** temporary increases effective 1/1/2021 and 4/1/2021.

Overall CES Spending Limit

Overall Spending Limit 01/01/2021	% Change	Overall Spending Limit 07/01/2021
\$ 44,794.34	102.30%	\$ 45,824.61

The Department will continue to publish updates when CMS approval is received.

Attachment(s):

None

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